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ABSTRACT

The document contains the end of year progress report for Project Optimus/Outreach, which provided technical assistance or early intervention and the transdisciplinary process to academic and medical personnel serving special needs children and their families. Reported are training activities carried out at 11 sites and replication assistance at 8 sites. Evaluation activities are noted as including evaluation of each training session by participants, assessment of participants' level of knowledge about the transdisciplinary approach, and evaluation of how many of the training concepts were actually used. Cited among findings are that social workers and speech therapists gave the most positive responses and the psychologists and aides gave the least positive; participants showed excellent gains on the Skills Test; and participants used the transdisciplinary concepts in their service delivery to young handicapped children. Appended are the session evaluation form, the Skills Test, and forms for determining the intent plans. (SB)

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END of YEAR

PROGRESS REPORT

for

PROJECT OPTIMUS / OUTREACH

SOUTH SHORE MENTAL HEALTH CENTER

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Submitted by

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Abstract

PROGRESS REPORT

1980-81

Project Optimus Outreach

Outreach Activity: Awareness

The staff of Project Optimus have responded to over 416 requests for information and resources on early intervention, the transdisciplinary process, infant assessment and curriculum, working with families, and respite care. Requests have come by telephone, in person and by mail from undergraduate and graduate students, researchers, the medical community and personnel in agencies throughout the nation.

The project director has received 11 requests to lecture about early intervention and the transdisciplinary process from the academic and medical community. An estimated 550 people serving over 5500 children and families have participated in such conferences and lectures.

Stimulating Sites: Training

Twenty-four to thirty-two hours of workshop training has been provided to 114 early intervention and early childhood personnel serving 622 children and families. Teams participating in the third year of workshop training include the Joint Project for Parent and Child Services of Baton Rouge, Louisiana; Nashua, New Hampshire Memorial Hospital early intervention program; Boston Public Schools early childhood special needs programs; RESCUE, Connecticut Early Childhood Diagnostic Centers; Erich Lindemann Mental Health Center Early Intervention Program, Boston, MA; Tri-City Early Intervention Program, Malden, MA; Crotched Mountain Rehabilitation Center, Greenfield, New Hampshire; Pilgrim Collaborative, Marshfield, MA; Center for the Disabled, Albany, New York.

Replication

Project Optimus Outreach provided twenty-nine days of on-site technical assistance to 61 personnel serving 397 special needs children and their families. Eight sites received replication assistance during the third year of funding: Westwood, MA Public Schools, pre-school program; Joint Project for Parent and Child Services of Baton Rouge, Louisiana; Nashua Memorial Hospital, Nashua, New Hampshire; Hanover Public Schools pre-school program, Hanover, MA; and Keene Child Development Center, Keene, New Hampshire. In a special situation, we elected to provide on-site technical assistance to the United Cerebral Palsy Association in Lynn, MA without preliminary workshop training as the center had been part of the United Cerebral Palsy Infant Collaborative Project and were already committed to the trans-disciplinary model.

Product Development/Distribution

The project's three dissemination products have been used during training workshops with the three year teams, as well as during on-site technical assistance consultations with second year replication teams. The two slide tapes: "Parent Involvement in a Transdisciplinary Program" and "The Transdisciplinary Service Delivery Model" have been viewed by over 450 personnel, students and parents. 51 Parent Involvement Manuals and 25 Handbooks have been distributed. Currently, they are being used in our 21 replication sites with over 500 families.

Outreach Activity: State and National Involvement

The Project Director is serving as the chairperson of INTERACT: The National Committee for Very Young Children with Special Needs and their Families during 1981. In this capacity, she is working to advocate for continued and coordinated services for handicapped children and families.

On the state level, the Optimus staff are active members of Region 4 of the Massachusetts Early Intervention Consortium. The project director serves on the infant ad hoc committee of the Massachusetts Developmental Disabilities Council and the Region I New England Resource Access Project advisory committee.

I. INTRODUCTION

This End of Year Progress Report for Project Optimus/Outreach reflects the composition and training needs of each participating agency trained in the 1980-1981 funding period. The report summarizes by training site the number of professional service providers trained by type of training offered. There are two categories of sites, Stimulating and Replication. The Stimulating sites are those which received 24 hours of introduction to the Transdisciplinary Service Delivery Model. The Replication sites were those which received intensive training and on-going technical assistance based on their needs.

The last section of this report covers the results of the training evaluation. Three types of evaluation are used. These determine the quality of the training, the amount of knowledge gained by the participants and degree to which each trained group applied their new knowledge in their service delivery to young handicapped children and their families.

II. STIMULATING SITES

Boston Public Schools - Boston, Massachusetts

Project Optimus trained a group of 26 early childhood special needs teachers and aides from 5 districts within the Boston Public School system. Each of the teachers was responsible for teaching one or two classes of children per day as well as monitoring progress of several additional children who were mainstreamed in classes elsewhere within the system. Speech therapists and occupational therapists were available to assist on a consultant basis. Throughout the training which took place over a three month period, most of the participants were concerned about the security of their jobs within the system. Boston has been beset by a severe budgetary shortfall and the anticipation of additional losses in revenue due to the passage of a state law which cuts property taxes. It was known that a large number of staff would need to be cut.

Training focused on a number of participants' concerns:

1. cost effective methods of serving young children
2. methods of involving parents in their child's program
3. behavior management
4. using consultants effectively
5. time-efficient ways of conducting assessments and program planning meetings
6. establishing effective team communication

At the conclusion of training, two of the districts expressed interest in replicating the transdisciplinary model contingent upon staffing patterns and interest of staff in each program in September, 1981. On the last day of training Project Optimus was informed by one of the early childhood special needs coordinators that 22 of the 26 participants in the training group were being given notice of termination due to funding cutbacks. Because of the extent of this personnel reduction, it is questionable whether any of the preschool teams which participated in training will remain intact.

Fitchburg Early Intervention - Fitchburg, Massachusetts

Project Optimus originally trained the Fitchburg Early Intervention team in 1979. Since the initial training all but one of the staff members have left. The new team was still using some of the components of the transdisciplinary model but was uncertain about their ability to replicate the whole model and to build a cohesive transdisciplinary team. There was a great deal of tension on the team due to a change in agency fiscal policies and the need for direct service staff to assist in fee collection. Some team members were not sure if the transdisciplinary model was the most appropriate for their team, as they must carry large case loads (15-25) and are allowed very little indirect service time.

Major concerns of this team were:

1. using the arena efficiently to help incorporate information from a number of disciplines into a program plan
2. understanding development of cognitive skills
3. involving parents and siblings in program
4. team process in decision-making
5. evaluating program effectiveness
6. utilizing consultants on a transdisciplinary team

The training format for this team omitted the demonstration of the arena method and addressed, in more depth, program evaluation, family involvement in programs and methods of evolving a transdisciplinary approach on a team which utilized a large number of consultants, and has severe administrative time constraints.

At the conclusion of training the team expressed a strong interest in the transdisciplinary model. They are already using the arena assessment method with a number of children and they utilize a primary service provider approach in delivering services to children and families. They were interested in implementing some of the methods of program evaluation suggested during the training and were committed to using this information to demonstrate staffing needs to their administration. The staff of the mental health center, at which the Fitchburg staff is based, have unionized in an attempt to negotiate their concerns over agency fiscal policy. This union activity has constructively focused the frustration of the

early intervention team, allowing them to seek realistic solutions to long-term problems.

The Fitchburg team will continue efforts to replicate a transdisciplinary model.

Nashua Memorial Hospital - Nashua New Hampshire

In September and October, 1980, training was conducted with the early intervention team from Nashua Hospital which was a new team formed to fill a service vacuum in the Nashua area. The hospital had identified a number of infants and families who were in need of program services. To meet the needs of these families, professionals from within the hospital were designated as early intervention staff. These staff members spent approximately 30% of their time serving the infant program and 60% of their time fulfilling their duties to the department which was paying their salary (for example: the speech department). Prior to training, each team member conducted a separate, individual assessment and each child and his family were seen by two therapists working together.

Their initial concerns were:

1. casefinding
2. working with premature infants and their families
3. setting up parent and sibling support groups
4. evolving a cohesive team approach to service delivery
5. sharing information and skills with others on the team in spite of time constraints
6. developing efficient record keeping strategies

Training was centered on meeting these needs and providing information of alternative funding sources. At the conclusion of training the Nashua team was very interested in replicating a transdisciplinary model, and requested additional assistance in so doing. As a result of the training, the team scheduled meetings to provide inservice training to one another to facilitate transdisciplinary skill development. They also negotiated additional time from the hospital to meet as a team to plan strategies for record

keeping and conducting their center-based program.

Joint Project for Parent/Child Services - Baton Rouge, Louisiana

The JPPCS team sent five members to Boston for training in July 1980. They were a newly formed team which was mandated to identify, assess and find program services for handicapped infants throughout Louisiana, which was considered a model for establishing other similar teams throughout the state. Most of the people on the team had had limited experience with handicapped infants. Their main concerns were learning casefinding techniques, providing accurate and efficient assessment services, and determining appropriate learning goals. They were also concerned with teaching other teams to provide cohesive programming based on the JPPCS assessments.

Training centered on:

1. techniques for transdisciplinary skill building
2. defining roles on a transdisciplinary team
3. using the arena method for screening and assessment
4. choosing an appropriate assessment instrument
5. utilizing information from the arena assessment in the formulation of an appropriate I.E.P.

At the conclusion of training the JPPCS team felt enthusiastic about the transdisciplinary model and will replicate on their own site. They also wished to make other teams in their area aware of the model.

Subsequent to training Project Optimus provided on-site replication assistance to this team.

Project R.E.S.C.U.E. - Hartford, Connecticut

Project Optimus provided training in the transdisciplinary model to 15 persons from three teams within Project R.E.S.C.U.E. from Hartford, Bridgewater and Norwalk, Connecticut. Having been in existence for approximately four months, these teams were staffed by professionals with little or no experience in providing services to infants and their families. The teams were set up by

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the Department of Education in Connecticut and their purpose was to provide services to infants who were identified by the L.E.A. as being in need of services. When the children were referred to the infant programs, an assessment had already been conducted by the L.E.A. and an Individual Education Plan had already been constructed. These teams felt that they were being hampered in their efforts, by having to deliver services which they themselves were not responsible for planning.

Training focused on a number of concerns:

1. sharing therapy skills with non-therapeutic staff
2. utilizing consultants effectively
3. meeting family needs in a home-based program
4. transdisciplinary team building skills
5. utilizing transdisciplinary assessments in a system where the teams are not mandated to conduct assessments

Following training, the teams expressed concerns about using the model in a system in which they are not invited to participate in assessments and in the formulation of an I.E.P. They were very interested in the primary service provider model. It is expected that these teams will adopt some of the components of the transdisciplinary model, but it is unknown at this time whether they will contract for replication assistance.

Erich Lindemann Mental Health Center - Boston, MA

In October and November, 1980, Project Optimus conducted a training workshop for the Harbor Area Department of Mental Health Early Intervention team located at the Erich Lindemann Mental Health Center in Boston. The program provides services to developmentally delayed children birth to three years of age and their families through a home-based therapeutic intervention program and a center-based developmental nursery class. At the time of the training, the team was already using a multidisciplinary approach.

The team goals for training were:

1. to acquire more information about the transdisciplinary model
2. to expand their knowledge of child assessment tools
3. to learn more efficient ways of evaluating and planning programs for children
4. to gain methods for listing child strengths and concerns
5. to be able to plan programs for parents
6. to learn how to work effectively with a variety of different disciplines.

Following the training, the team decided to adopt the transdisciplinary method of arena assessments. However, the team agreed at that time they were unable to adopt the other components of the transdisciplinary model and decided not to replicate. Project Optimus has been in contact by phone in anticipation of the need for technical assistance in the future. No technical assistance has been provided to date.

Tri-City Area Early Intervention Program - Malden, MA

Project Optimus conducted a training workshop at the Tri-City Early Intervention Program, scheduled as six half-day sessions from December, 1980 through March, 1981. Within the past year, the program staff had expanded from a two-member to a six-member team of professionals. As a result of this growth, the program coordinator contacted Project Optimus in search of training in the areas of

team building and program development. The team had expressed interest in the transdisciplinary model, as the program was undergoing a number of major revisions with the addition of new staff.

Their specific training concerns were:

1. efficient synthesis of information from parents
2. an efficient method for conducting child assessments
3. concise record-keeping formats for narrative reports & IEP's
4. management and organizational skills
5. center-based groups
6. siblings of handicapped children

In addition to these specific needs, Project Optimus provided training and resources related to team building issues. Participants stated that the training was both extremely relevant to their needs and timely. They were most enthusiastic about the transdisciplinary model. Specific changes in the program were made even throughout the training period in order to initiate adoption of the model. The team has given a commitment to replicate and will be receiving technical assistance from Project Optimus in FY 1981-82.

Crotched Mountain Rehabilitation Center - Greenfield, NH

Project Optimus conducted a training workshop for the preschool staff of the Crotched Mountain Rehabilitation Center in January and February, 1981. The preschool program is designed to serve moderate to severe developmentally delayed and multiply handicapped children ages 2-7. Presently, the number of preschool children served is small due to several factors: geographical location (rural) and lack of transportation to the center, the limited number of moderate to severely handicapped children who are not otherwise being served within the public school system, lack of community awareness about the program and limited availability of full time center staff who function only part-time in the preschool program. Next year, the center is planning to expand their services to infants and their families from within a specific geographical radius. It is hoped that by expanding the program to include infants, the

census will increase and thereby allow staff to spend a greater proportion of their time in the infant and preschool programs. Since the infant program is in a formative stage, the preschool team requested Project Optimus training to assist in the development of an efficient and cost-effective model of service delivery. Project Optimus training addressed the following participant concerns:

1. casefinding
2. cost-effectiveness of the transdisciplinary model
3. funding sources
4. the team approach: crossing disciplinary boundaries
5. team coordination and team effectiveness
6. legal implications of transdisciplinary
7. parent involvement and participation/parent training and support groups
8. infant assessment and assessment tools
9. curriculum activities for multiply handicapped children

Following the training, the team decided to replicate the transdisciplinary model. All staff members involved were expected to give a commitment to the model. At one point, the administration needed to reconsider the role of one staff member who was unwilling to give such a commitment. It was decided that she would remain as a full time employee of the center but no longer function as a member of the infant/preschool team.

The team requested technical assistance immediately. Two on-site visits were made by Project Optimus staff in May, 1981. Technical assistance is expected to continue next year with the addition of the infant program component.

Pilgrim Area Collaborative - Marshfield, MA

In March, 1981, Project Optimus conducted a training workshop for the preschool staff of the Pilgrim Area Educational Collaborative. Staff represented six classrooms of children from the eight-town area on the south shore which is served by the collaborative. Three of the classrooms are designed to serve mild to moderately delayed children, ages 3-5. The other three classrooms are designed to serve severely delayed children.

The director of the collaborative contacted Project Optimus in response to the interest of one of the classroom teachers. She had learned of the Optimus training at a regional conference where project materials including the Parent Involvement Manual and the slide tape shows were being displayed.

Participants expressed the following interests for training:

1. team approaches to child assessments and service delivery
2. assessment tools
3. understanding each others' roles and techniques for sharing knowledge
4. more effective delivery of therapies to classroom program
5. parent involvement/family counseling
6. choosing appropriate goals for the IEP

Training addressed the above concerns and also included a special topic inservice of the trainees' choice on the relationship between normal language acquisition and sensory integration. This topic was chosen to promote greater understanding of common theoretical background between occupational therapy and speech/language pathology.

At the conclusion of the training, staff could not commit themselves entirely to the transdisciplinary delivery model. Certain staff members had difficulty with the primary service provider component due to their insistence on the need for individual therapy sessions. Staff were in agreement that in order to adopt the model, the classroom programs would need to be completely restructured and IEP's written accordingly. The director of the collaborative stated that he would seriously consider a revision of their present classroom model for the 1981-82 school year. The commitment was only

tentative in light of other administrative priority issues such as the search for another location for the programs. In the meantime, staff planned to adopt the arena method for a large percentage of their yearly caseload. Replication assistance was not requested since no program changes could be made until the fall. Project Optimus will continue to make technical assistance available to the Collaborative in FY1981-82.

Cerebral Palsy Center for the Disabled - Albany NY

Project Optimus conducted a 4-day training workshop in May, 1981 for the infant team and other interested administrative staff at the Center for the Disabled in Albany, NY. The center originally inquired about the training approximately 1½ years ago when they initially began to develop the infant program. Since September 1979, the center has developed and documented program philosophy, policies and procedures related to the infant program. Cooperative working relationships have been developed with the major referral sources, namely local pediatricians and neurologists, the Capitol Region Perinatal Program (Division of Neonatology and/or Division of Developmental Services) and especially the NICU at Albany Medical Center Hospital. The team was hesitant to request training until recently when the program began to stabilize.

During the training, Project Optimus dealt with the following concerns expressed by the participants:

1. clarification of role definitions in the transdisciplinary approach
2. how to accomplish release of one's role
3. methods for learning techniques and interventions from other disciplines
4. implementation of transdisciplinary skills
5. how the intake process is affected by the transdisciplinary method
6. development and documentation of transdisciplinary goals
7. structuring a center-based program

8. how the transdisciplinary model can be adapted to their present program constraints
9. parent involvement
10. comparison of development between normal and premature infants
11. how staff not trained as social workers can expand their role/skills to work with parents
12. assessment of the premature infant

Prior to the training the infant team had made attempts to become a transdisciplinary team but were in disagreement about what the model consisted of and how successful they were at achieving it. Following the training, participants expressed their satisfaction. They stated that the Project Optimus training helped clarify the transdisciplinary model, identify program areas of strength and weakness and made them realize that the transdisciplinary model is an evolutionary one. On the last training date, time was spent discussing how to adapt components of the infant program to become transdisciplinary. The team decided they would begin by adopting a transdisciplinary method of intake and assessment and would negotiate with the administration for more indirect service time and space for a center-based program. It is anticipated that technical assistance from Project Optimus will be requested next year.

TABLE

24 HOUR TRANSDISCIPLINARY TRAINING TO STIMULATE SITES

NAME OF GROUP # OF PARTICIPANTS	# OF TEAMS	COMPOSITION OF TEAMS*	# OF CHILDREN SERVED	POPULATION a) age b) disability	KIND OF PROGRAM HOME/CNTR	PRE/POST TEST SCORE AVERAGE	INTENT AFTER TRAINING
Joint Project for Parent/Child Service Baton Rouge, LA 5	1	1 ST 1 RN 2 SW 1 ED	200 (approx) for assessments	a) 0-3 b) mild-severe delay	Diagnostic Home-based	Pre-9.2 Post-12.4	Replicate T.D. model
Nashua Memorial Hospital Nashua, NH 7	1	2 ED 1 ST 1 OT 1 PT 2 SW	12	a) 0-3 b) at-risk and mild-severe delay	Center-based	Pre-6.6 Post-9.9	Replicate T.D. model
Fitchburg Early Intervention Fitchburg, MA 8	1	1 SW 1 ST 1 OT 2 ED 1 RN 1 Psych	65	a) 0-3 b) mild-severe delay	Home and center	Pre- 10.2 Post-11.7	Replicate some components of T.D. model
Boston Public Schools Boston, MA 26	5	20 ED 6 Aide	150 (approx)	a) 3-5 b) mild to moderate delay	Center	Pre-5.6 Post-8.4	Due to uncertainty of nature of pre-school programs in Boston in Sept. teams have deferred a decision until a later time

24 HOUR TRANSDISCIPLINARY TRAINING TO STIMULATE SITES

NAME OF GROUP # OF PARTICIPANTS	# OF TEAMS	COMPOSITION OF TEAMS*	# OF CHILDREN SERVED	POPULATION a) age b) disability	KIND OF PROGRAM HOME/CNTR	PRE/POST TEST SCORE AVERAGE	INTENT AFTER TRAINING
RESCUE Hartford, CN 15	3	Bridgewater: 3 ED 1 Psych 1 ST 1 RN Bloomfield: 2 ED 1 RN 1 Psych Norwalk 2 Psych 1 ST 1 PT 1 ED	Bridgewater 15 Bloomfield 12 Norwalk 12	a) 0-3 b) At-risk and mild to severe delay	Bridgewater home Bloomfield home Norwalk center	Pre-10.2 Post-13.2	Bridgewater: Not to replicate Bloomfield: Not to replicate Norwalk: Replicate model in diagnostic program
Erich Lindemann Mental Health Center Boston, MA 10	1	1 OT 1 PT 1 SW 1 ST 3 ED 1 Aide 2 ED students	30-35	a) 0-3 b) mild-severe delay	home and center	Pre-9.3 Post-12.6	Adopt arena assessment compontent of T.D. model
Tri-City Early Intervention Malden, MA 5	1	1 OT 1 RN 2 ED 1 Aide	30-35	a) 0-3 b) At-risk and mild-severe delay	Home and center	Pre-10.7 Post-13.5	Replicate the T.D. model
Crotched Mountain Rehabilitation Cntr. Greenfield, NH 9	1	2 ST 1 SW 1 ED 1 Aide 1 Psych 1 PT 1 OT 1 Admin	8	a) 3-7 b) moderate-severe delay	Center	Pre-9.7 Post-13.5	Replicate the T.D. model

24 HOUR TRANSDISCIPLINARY TRAINING TO STIMULATE SITES

NAME OF GROUP # OF PARTICIPANTS	# OF TEAMS	COMPOSITION OF TEAMS*	# OF CHILDREN SERVED	POPULATION a) age b) disability	KIND OF PROGRAM HOME/CNTR	PRE/POST TEST SCORE AVERAGE	INTENT AFTER TRAINING
Pilgrim Area Collaborative Marshfield, MA 11	2	5 ED 2 ST 1 RN 1 Psych 1 PT 1 OT	50 (approx)	a) 3-6 b) mild-moderate; severe delay	Home and center	Pre-9.0 Post-10.9	Replicate some components of the T.D. model
Center for the Disabled - UCP Albany, NY 18	1	2 ST 2 OT 2 PT 2 SW 2 Psych 4 ED 3 Admin	28	a) 0-3 b) mild-severe delay; at-risk for delay	Home and center	Pre-10.2 Post-13.3	Replicate some components of TD model

III. REPLICATION ASSISTANCE

Keene Children's Center - Keene, New Hampshire

Project Optimus provided two days of on-site replication assistance to the Keene staff. This program has undergone significant change since the spring of 1980 when training occurred. The LEA's mandated a mainstream model for the preschool students which has increased the number of students in a class from 8 to approximately 14 without an increase in the number of staff. A budget freeze was imposed on the center in the fall, curtailing the purchase of materials and supplies and precluding staff raises. Later in the year substantial budget cuts were imposed by the state legislature, mandating a staff cut back. As of this time only 15% of the remaining staff at Keene were participants in the initial training.

In January 1981, a workshop was provided to the staff to assist them in effectively using the Parent Involvement Manual which was developed by Project Optimus. In May 1981, Project Optimus staff met with the Keene staff to provide assistance in a number of areas:

1. individualizing activities to meet the needs of both "normal" and handicapped children in the preschool
2. enabling team members who are not therapists to provide intervention to children with feeding disabilities and sensory integrative disorders
3. assessing child needs for non-verbal communication systems

With the advent of a mainstream model, the Keene staff have been forced to utilize more group instruction. It was noted that staff were individualizing instruction within each group, and that tasks were appropriate to each child. Children were interacting well, and parents were effectively used in the program. Overall, a big improvement over previous years was seen in the quality of instructional services and the amount of inter-team communication.

The state legislature is currently considering additional reductions in funding. Over 30% of the staff will be leaving the program in June due to position cutbacks or relocation to other jobs. It is expected that the center will lose at least 50% of

their therapeutic personnel. While the team continues to replicate components of the transdisciplinary model, the future of the model is uncertain for next year due to the loss of staff and a reorganization of the priorities for services to the preschoolers. Despite the threat of job loss and the insecurity about the existence of the program next year, staff were doing a competent and professional job of providing services.

Nashua Memorial Hospital - Nashua, New Hampshire

Project Optimus has provided to the staff of Nashua, one day of on-site technical assistance in replicating the transdisciplinary model with additional on-sites scheduled for 1981-82.

The staff of the infant program, despite a lack of indirect service time and the part-time status of all of the team members, had spent a great deal of time and effort in reorganizing their program to facilitate a transdisciplinary model of service delivery. The staff felt that their record keeping system did not allow for ease of communication between disciplines and was not oriented to a primary service provider model. A completely different system has been devised which was originally formulated by two of the team members and then revised and accepted by the rest of the team.

Project Optimus observed an arena assessment and found that, while a good deal of inservice training of team members had already been conducted, team members still did not feel comfortable assessing some of the skills outside their professional discipline. As a result, it was necessary for another team member to conduct part of the assessment. Project Optimus suggested that the team provide additional in-service and construct a planned format to assist team members in developing awareness of all the skills which are important to assess in the arena. This format would also allow for a smooth flow of items to be assessed.

Center-based service delivery was observed, and it was noted that only two children were scheduled simultaneously and that two or more additional team members were in the room with the primary service providers and parents. Suggestions were provided to limit the number of staff in the room and utilize space

more efficiently to allow for service delivery to more than two children.

This team is continuing to replicate the transdisciplinary model, and has applied for grant money from the state which will allow them to fund several full-time positions. It is expected that Project Optimus will continue to provide additional replication assistance.

Joint Project for Parent and Child Services - Baton Rouge, Louisiana

Project Optimus provided three days of replication assistance to the JPPCS staff in Baton Rouge, Louisiana.

As this project's primary focus is in the identification and assessment of infants with handicaps, assistance has been focused on transdisciplinary assessment. Project Optimus Outreach provided one day of additional workshop training to the staff in assessment techniques and methods to assist other team members' attainment of transdisciplinary skills. Two days were spent in either demonstrating arena assessments or observing the JPPCS staff conduct assessments. It was suggested that staff provide additional inservice training to one another to assist in the development of transdisciplinary assessment skills.

This team has had a 30% turnover in staff since the training and has added two additional staff. They are continuing to utilize the arena format for assessment and are replicating a primary service provider model in service delivery to the few families to whom they provide direct intervention services.

Hanover Public Schools - Hanover, Massachusetts

Project Optimus provided seven days of on-site replication assistance to the Hanover Public Schools' preschool special needs team.

Initially, Project Optimus observed the center-based component of their program. It was noted that the team was utilizing a primary service provider model and that activities were planned to meet objectives in a number of developmental domains. The team

had constructed charts for the walls, providing suggestions for activities in a number of professional disciplines. These charts and their on-going inservice training of one another had allowed them to effect role release fairly completely. The team was utilizing the arena assessment method and felt comfortable with it. One session was devoted to discussing the use of an assessment tool with the arena, as the team was not happy with this aspect of their assessment. Following this discussion, the team chose an assessment tool which they felt met their needs as a team. Two workshops were conducted to meet specific needs of the team. Workshops were conducted on the development of play skills and the evolution of family adaptation to the birth of a handicapped child. An additional session was spent in discussion of family involvement in a transdisciplinary program. Two sessions focused on transdisciplinary skill building. One of these sessions dealt with understanding specific types of therapeutic techniques. The second session focused on transdisciplinary team building techniques.

This team has thoroughly adopted the transdisciplinary model, and is committed to it's philosophy. Unfortunately, due to the adoption of a property tax abatement law, the public schools were forced to make drastic cutbacks in personnel. Much of the Hanover special needs preschool team are new and therefore have received notices that their positions will be terminated. Only the occupational therapist remains in the school system. Because of this staff cutback, it is uncertain whether or not the staff assigned to the program next year will continue to replicate the transdisciplinary model.

United Cerebral Palsy of the North Shore - Lynn, Massachusetts

The infant team of United Cerebral Palsy in Lynn was originally trained to be transdisciplinary in the mid-1970's by the United Cerebral Palsy Infant Collaborative Network. Until 1980, this team had functioned as a transdisciplinary team, providing home and center based services to approximately 60 infants and their families. In 1980 all but one of the team left to take other positions. The

newly hired team was interested in replicating the model and contacted Project Optimus for assistance. It was felt that this team was already aware of the model and committed to its replication, so on-site replication assistance was begun in December 1980. Project Optimus provided eight day of on-site replication assistance.

This team was already utilizing the arena assessment format. Following observation of two arenas, suggestions were given to improve the way feedback was provided to the parent, and to assist in the development of a standard format for use in arenas. The center based program was observed on two occasions and suggestions were given to increase contact between primary service providers and facilitate the informal skill sharing.
This team had limited indirect service time for conducting in-service training for one another and desired to share a common knowledge baseline. To assist them in this goal four workshops were conducted which discussed normal and abnormal child development in the following areas:

1. gross motor skills
2. fine motor skills
3. cognition
4. receptive and expressive language skills

Additional workshops were conducted in the areas of transdisciplinary team building and constructing adaptive equipment.

This team will continue to replicate the transdisciplinary model, and it is anticipated that they will request additional replication assistance from Project Optimus.

Fall River Early Intervention - Fall River, MA

Two years ago, Project Optimus conducted a training workshop for the DMH Region V early intervention teams, which included the Fall River team. Replication assistance was begun in Sept. 1979 and has continued until present. At the end of last year, Project Optimus was confident that the transdisciplinary model was intact. Technical assistance this year focused on expanding the team's level of knowledge and skill in performing interventions outside of their disciplines, particularly in occupational and physical therapy. It was necessary to provide this type of consultation since the program was unable to fill the two vacant staff positions for both an occupational and physical therapist. A total of five on-site visits were provided. The Project Optimus therapy coordinator provided four special topic inservices on neonatal reflexes and reflex development in the first years of life, reflex assessment, normal oral-motor development, the oral-peripheral examination and therapeutic feeding techniques. In one of the inservices, a child from the program with specific feeding problems served as a demonstration. Project Optimus conducted a team problem-solving session to determine objectives and strategies to remediate the child's feeding problems. The child's primary service provider then wrote the plan developed by the team and sent a copy to the child's pediatrician. In another inservice, team members practiced reflex assessment techniques on one another under the guidance of Project Optimus therapy coordinator. Another Project Optimus staff member presented an audiovisual inservice on the development of play based on her experience working with Doctors Kearsley and Zelazo, experts in the field of infant cognition at the Center for Behavioral Pediatrics and Infant Development at Tufts New England Medical Center. Methods were demonstrated and an outline offered for assessing the developmental sequence of play which could easily be integrated into the transdisciplinary method of arena assessment.

The greatest impact as a result of Project Optimus technical assistance this year was in the area of transdisciplinary staff development. Due to the number of unfilled staff vacanies in the

therapeutic disciplines (OT, PT, speech/language) it was necessary for the paraprofessional staff (teacher aides) and educational staff to assume more responsibility for all areas of development. Project Optimus technical assistance made it possible for the teacher aides to assume a more active role in the program intake process and in the arena child assessments.

The Fall River Early Intervention team is looking forward to another year of continued involvement with Project Optimus. They requested that we contact them again in the fall when the program resumes a full time schedule after the summer break.

Crotched Mountain Rehabilitation Center - Greenfield, NH

Since the initial training workshop which was conducted for the preschool team in January and February, 1981, two on-site visits have been made by Project Optimus staff to provide replication assistance. Technical assistance was requested from Project Optimus to aid in the establishment of a transdisciplinary model of service delivery for the planned infant program which will be staffed by the present preschool team. If efforts are successful it is expected that the infant program would begin operation in September 1981. Issues of most concern included:

1. casefinding
2. cost-effectiveness of the transdisciplinary model
3. structuring the center-based program
4. the arena assessment
5. staff inservice
6. parent involvement

The first on-site visit focused on adoption of the arena assessment. A problem-solving session was facilitated by Project Optimus staff to discuss the relative advantages/disadvantages of various assessment tools used by individual team members. An assessment tool was chosen by the team at the session. The team member who was the most knowledgeable about its use conducted a mini-inservice for the benefit of the other team members. It was agreed that during the next month the assessment materials kit would be rotated so that the whole team could become more familiar with the items. Project

Optimus also suggested that the team begin to practice arenas on their present preschool population to develop skills in the roles of both facilitator and observer. It was also recommended that during the summer the team should organize assessment materials and refine the procedure prior to its adoption with the new infant population. At a working lunch, technical assistance was offered regarding program structure and cost effectiveness.

A second visit was made by the Project Optimus Parent Coordinator to discuss casefinding procedures and parent involvement. It was recommended that an acting team leader be assigned to organize casefinding and intake procedures for the summer and that team members be assigned specific casefinding targets in accordance with a time line. It was also suggested that the staff review the Project Optimus Parent Involvement Manual during the summer in preparation for the development of a parent program.

Technical assistance for next year is dependent on the existence of the infant program which is in turn dependent on the success of casefinding and funding sources.

Westwood Public Schools - Westwood, Massachusetts

One on-site contact was conducted with the Westwood team in February, 1981 to train them in using the Parent Involvement Manual. This was part of the contract for replication assistance developed with the site, and was well received by the team.

The Westwood team agreed to review the Manual carefully and to use it with at least five families. No formal follow-up to this specific contact was considered required.

TABLE II

ON-SITE REPLICATION

1981-82

GROUP # OF PARTICIPANTS	DISCIPLINES REPRESENTED	# OF CHILDREN SERVED	TYPE OF HANDICAP AND AGES SERVED	# OF ON-SITE VISITS	INTERESTED IN MORE ON-SITE CONSULTATION
Joint Project for Parent & Child Services Baton Rouge, LA 6	1 AUD 1 ST 2 SW 1 ED 1 RN	Direct services: 15 Assessments: 200	Mild to severe delay 0-3	3 days	Possible limited assistance
Crotched Mountain Rehabilitation Center Greenfield, NH 8	2 ST 1 ED 1 Aide 1 OT 1 PT 1 Psych 1 SW	8	Moderate to severe delay 0-3, 3-7	2	yes
Fall River Early Intervention Fall River, MA 5 34	2 ED 2 Aides 1 SW	35	At-risk, mild to moderate delay 0-3	6	yes 35
Hanover Public Schools Hanover, MA 5	1 ST 1 OT 1 ED 2 Aides	16	Mild to severe delay, orthopedic handicaps, language delay 3-5	7	no

GROUP # OF PARTICIPANTS	DISCIPLINES REPRESENTED	# OF CHILDREN SERVED	TYPE OF HANDICAP AND AGES SERVED	# OF ON-SITE VISITS	INTERESTED IN MORE CONSULTATION
Nashua Memorial Hospital Nashua, NH 6	2 ED 1 ST 1 OT 1 PT 1 SW	15	At-risk, mild to severe delay 0-3	1	yes, limited
United Cerebral Palsy of the No. Shore, Lynn, MA 7	1 OT 1 PT 1 RN 1 SW 2 ED 1 ST	65	At-risk, mild to severe delay, orthopedic handicap 0-3	7	yes
Westwood Public Schools, Westwood, MA 4	1 ST 1 RN 1 SW 1 Psych	8	Mild to moderate delay, language delay 3-5	1	no
Children's Center Keene, NH 20	6 ED 2 OT 2 ST 1 PT 8 Aides 1 SW	50	Mainstream Model serves: 10 "normal" 12 moderate to severely delayed 3-5 --- Classrooms serve: moderately to profoundly delayed and multiply handicapped children 6-21	2	possibly, depends on funding

IV. Evaluation Activities

Project Optimus/Outreach used a three way approach for evaluating training. First, each training session was evaluated by the participants. The participants were asked how well the training was organized, how informed the trainers were and if the materials were presented in an understandable manner.

Second, the participants were questioned, pre and post, on their level of information about the Transdisciplinary approach. The questions have been selected based on an item analysis showing that about 50% of the groups tested missed about 50% of the questions at pre testing.

The third form of evaluation is an Intent Plan or a statement made by the Team Leader of the participants at the end of the training stating what parts of the training will be used. About three to six months after the training the teams are visited and a follow-up is conducted to determine if the Intended Plan has been implemented.

This evaluation report shows the results of the above three evaluation endeavors.

A. Session Evaluation

There are ten questions plus comments on the Session Evaluation given to the participants (See Appendix A). Each question is answered on a scale of 1 (poor) to 5 (very good). Each participant identifies their professional training area.

Table III, Rank Order of Listing of Training Issues shows that the participants felt that the Training Staff was well organized and encouraging and that the materials were consistent with the training goals. The percent score is the average score divided by 5 (top score). The first three items are at or above 90%. The last item, Relevant Learning Tasks, received 83% of total possible and pinpoints an area for training improvement.

Table IV, Rank Order Listing of Training Issues by Profession, shows which professionals, most to least, thought the training was well presented. The Social Workers and Speech Therapists gave the most positive responses and the Psychologists and Aides gave the least positive. While the responses were not negative, there should be more of the training directed toward the lower groups.

B. Skills Test

The Skills Test given to the participants before (pre) and after (post) the training show excellent gains (See Appendix B for the test questions).

Table V, Pre-Post Test Gains by Training Site, shows that on the average the sites scored 9.07 on the pre test and 12.18 on the post test. The average gain was 3.11 or 26% improvement. Every site trained showed gain. The pre test range of scores was from 5.68 to 10.7 and the post test range of scores was from 9.9 to 14.5.

TABLE III

Rank Order Listing

of

TRAINING ISSUES

Rank	Question Number	Content	$\bar{X}$ Score	Percent
1.	6.	Training Staff Organization	4.57	91%
2.	8.	Training Staff Encouraging	4.52	90%
3.	4.	Materials Consistant with Goals	4.49	90%
4.	1.	Materials Well Organized	4.44	89%
5.	3.	Audio-Visual materials were clear	4.40	88%
6.	2.	Written Materials were clear	4.39	88%
7.	9.	Information was positive influence	4.31	86%
8.	5.	Curriculum was clear	4.29	86%
9.	10.	Worth my time	4.28	86%
10.	7.	Relevant Learning Tasks	4.15	83%

TABLE IV

Rank Order Listing

of

TRAINING ISSUES
by
PROFESSION

Rank	Profession	* Score	Percent
1.	Social Workers	4.50	90%
2.	Speech Therapists	4.48	90%
3.	Physical Therapists	4.43	89%
4.	Occupational Therapists	4.42	88%
5.	Registered Nurses	4.42	88%
6.	Administrators	4.36	87%
7.	Educators	4.28	86%
8.	Psychologists	4.22	84%
9.	Aides	3.90	78%

TABLE V

Pre-Post Test Gains
by
Training Site

Site	Pre	Post
Fitchburg Early Intervention Fitchburg, MA	10.20	11.70
Erich Lindemann Mental Health Center Boston, MA	9.30	12.60
Joint Project for Parent/Child Service (1) Baton Rouge, LA	9.20	12.40
Joint Project for Parent/Child Service (2) Baton Rouge, LA	8.80	14.50
Nashua Memorial Hospital Nashua, NH	6.60	9.90
Pilgrim Area Collaborative Marshfield, MA	9.09	10.90
Boston Public Schools Boston, MA	5.68	8.44
Project R.E.S.C.U.E. Hartford, CN	10.20	13.20
Center for the Disabled - UCP Albany, NY	10.22	13.33
Crotched Mountain Rehabilitation Center Greenfield, NH	9.75	13.50
Tri-City Early Intervention Malden, MA	10.70	13.50
	$\bar{X}$ = 9.07	$\bar{X}$ = 12.18
		Gain 3.11

The participants clearly showed skill and knowledge improvement about the principles of Transdisciplinary Service Delivery.

C. Intent Plans

As stated above, the purpose of the Intent Plan was to determine how much of the training would be used. Table VI, Intent Plans, shows that four (4) major Transdisciplinary program concepts are discussed with the Team Leader. These are the Arena, Planning, Primary Service Provider, and Team Building. (The questions related to each concept are shown in Appendix C.)

Table VI shows that by the follow-up period, more of the Transdisciplinary concepts were actually in use than were planned immediately after the training. The use of the concepts seemed to cause more acceptance.

The three phases of the evaluation all showed positive results. The participants felt positive about their training, they improved their skills and used the Transcisciplinary concepts in their service delivery to young handicapped children.

TABLE VI

INTENT PLANS

Site	PRE Arena	PRE Planning	PRE Primary Source Provider	PRE Team Building	FOLLOW-UP Arena	FOLLOW-UP Planning	FOLLOW-UP Primary Source Provider	FOLLOW-UP Team Building
1. Dimock	Used arena shared observations use consensus, parent involved.	All plan All meet weekly.	Have PSP discussed weekly Parent involved at home only.	15a Yes 15b ? 16 ?	Used arena shared observations use consensus, parent involved.	Teacher plans no regular meeting except, coord, PSP psych: these weekly.	Teacher for class , SW + RN at home meet w/team every 6 mos. Parent involved at home only.	15a Yes 15b (2) 16 No
2. Taunton	Used arena Shared observations Use consensus, parent involved.	All plan regular meetings.	Have PSP report regularly, all provide input to planning Work together in room.	15a Yes 15b ? 16 Yes	Used arena shared observations Use consensus, parent involved.	All plan regular meetings.	Have PSP report 2x a week, all provide input to planning Work together in room, some parents in classroom.	15a Yes 15b 1, 2, 3, 6, 7 16 Yes, also involved in hiring etc.
3. Keene	Used arena Shared observations Use consensus, parent involved.	All plan regular meetings weekly.	No PSP, except ED. Team discuss weekly, all work in room Parent in Center + Home.	15a Yes 15b ? 16 Yes	Used arena Shared observations Use consensus, parent involved.	All plan regular meetings weekly.	Have PSP team meets weekly, all work in room Parent in Center + Home.	15a Yes 15b 1-6 16 Yes
4. West Newbury	Used arena Shared observations Use consensus, parent involved.		Have PSP.	15a Yes 15b ? 16 ?	Used arena Shared observations No consensus each prof. determines parent involvment.	Informal discussion Weekly meet and child may be discussed.	Have PSP reports as needed, all work together sometimes Some parents in center.	15a Yes 15b 1, 6, 7 16 No

Site	Arena	Planning	Primary Source Provider	Team Building	Arena	Planning	Primary Source Provider	Team Building
					FOLLOW-UP			
5. Cape	Used arena Shared observations Use consensus, parent involved.	All plan regular meeting.	Have PSP, home based program only.	15a Yes 15b ? 16 Yes	Used arena Shared observations Use consensus, parent involved.	All plan regular meetings, therapy sessions determined by PSP, parent coordinator.	Have PSP for home, no PSP center, report weekly for center, report as needed for home, Input by team if needed, all work in room.	15a Yes 15b 1, 2, 3, 6, 7 16 Yes
6. C.P. South Shore	No arena for all.	All plan regular meetings.	Have PSP but children set additional therapy also.	15a Yes 15b ? 16 Yes	Used arena Shared observations Parent involved.	All plan regular meetings twice a month.	Have PSP but may also get additional therapy, report 2X a month, not all in room all the time.	15a Yes 15b 1, 3, 6 16 Yes
7. Walpole	Used arena Shared observations Use consensus, parent involved.	All plan, total team not always there regularly.	Have PSP (*) All work side by side Parent in on occasions.	15a Yes 15b ? 16 Yes	Used arena 801. Shared observations Use consensus, parent involved.	All Plan total team not always there regularly.	Have PSP all but RN + SW meet weekly (1X a month w/others) All work side by side, parent in sometimes.	15a Yes 15b 1, 2, 3, and 6 16 Yes
8. Fall River	Used arena Shared observations Use consensus, parent involved.	All plan regular meetings ? parent.	Have PSP All work in room, parent in center.	15a Yes 15b ? 16 Yes	Used arena Shared observations Use consensus, parent involved.	All plan, parent plans if area of concern, regular meetings.	Have PSP meet every 3 months or as needed, All work in room, parent in center.	15a Yes 15b 1, 2, 3, and 6 16 Yes

Site	Arena	Planning	Primary Source Provider	Team Building	FOLLOW-UP Arena	Planning	Primary Source Provider	Team Building
9. Westwood	Used arena Shared observations Use consensus, parent involved.	All plan meet regularly.	Have PSP work in room Parent in room at times.	15a Yes 15b ? 16 Yes	Used arena Shared observations Use consensus, parent involved.	Al plan meet regularly.	Have PSP reports 1X a month, regular meet, All work in room, parent in room sometimes.	15a Yes 15b 1, 2, 3, 5, 6, and plan to do 4 16 Yes
10. Hanover	Used arena Shared observations Parent involved.	All plan meetings monthly.	Have PSP discuss progress monthly All team members determines therapy Parent not in room.	15a Yes 15b 1, 3, 5, and 6 16 Depends on family.	Used arena Shared observations Parent involved.	All plan except parent Don't meet regularly.	Have PSP will discuss progress as needed, PSP determines therapy time, Parent not in center.	15a Yes 15b 2, 3 16 Depends on family.

APPENDIX A

Session Evaluation

PROJECT OPTIMUS OUTREACH

Training Workshop Questionnaire

Training Site: _____

Workshop Subject(s): _____ Number: _____

Your Position: Teacher___ Speech Therapist___ Social Worker___
Physical Therapist___ Occupational Therapist___
R.N.___ Psychologist___ Administrator___
Other: _____

INSTRUCTIONS: Please indicate the extent to which you agree or disagree with each of the following statements by using the following codes:

SA = strongly agree A = agree ? = undecided D = disagree
SD = strongly disagree NA = not applicable

Please read each statement carefully for some are stated positively and others are stated negatively. Be sure you understand each statement before you respond, then circle or place a check to the left of the answer of your choice.

1. The workshop materials were well organized.

___SA ___A ___? ___D ___SD ___NA

2. The written materials were readable and easily understood.

___SA ___A ___? ___D ___SD ___NA

3. Audio visual materials (i.e., films, slides, etc.) were visually and audibly clear.

___SA ___A ___? ___D ___SD ___NA

4. This session's materials were not consistent with the goal of the session.

___SA ___A ___? ___D ___SD ___NA

5. The workshop curriculum was presented clearly.

___SA ___A ___? ___D ___SD ___NA

6. The training staff seemed well organized and well prepared.

___SA ___A ___? ___D ___SD ___NA

7. Most of the workshop time was spent on relevant learning tasks.

___SA ___A ___? ___D ___SD ___NA

8. The training team was supportive and encouraging.

___SA ___A ___? ___D ___SD ___NA

9. The information I acquired will have a positive influence on my work.

___SA ___A ___? ___D ___SD ___NA

10. It was worth my time to attend this workshop.

___SA ___A ___? ___D ___SD ___NA

11. What were some specific strengths and weaknesses of the workshop content or manner in which it was conducted?

Strengths: _____

_____

_____

_____

Weaknesses: _____

_____

_____

_____

12. Have you any other suggestions or comments to make?

_____

_____

_____

_____

_____

_____

_____

_____

APPENDIX B

Skills Test

PROJECT OPTIMUS WORKSHOP ON

TRANSDISCIPLINARY SERVICE DELIVERY

HANDICAPPED CHILDREN'S EARLY EDUCATION PROGRAM

Funded by the Bureau of Education for the Handicapped

PROJECT OPTIMUS/OUTREACH
South Shore Mental Health Center
77 Parkingway
Quincy, Massachusetts 02169

NAME:_____

AGENCY:_____

POSITION:_____

PHONE NUMBER:_____

Number of years experience with young children 3-6:_____
and young children age birth-3_____.

PRE-POST TEST

1. When working with families, it is important that the professional's behavior follows certain guidelines. Select 3 from the list below.

   a. The staff person assesses what the family's needs are and develops a plan of action that best meets those needs.

   b. The professional must act in a non-judgmental manner, respecting the family's values and not imposing her/his own values and beliefs upon the family.

   c. The professional must work initially to develop a relationship of trust and rapport that is the basis for all further work with the family.

   d. The family and professional establish the goals of their work together.

   e. When the professional assesses the family situation and notes issues that might be resolved by the intervention of other community agencies, she/he refers the family to an agency and then notifies the family of the referral.

2. Which variables influence a family's ability to become involved in their child's program?

   a. the parents' levels of adaptation to their child's handicap

   b. the demands and the schedules of each family member

   c. the parents' ego strength and level of ego integration

   d. any physical and time constraints which may be imposed upon the family (i.e., geographic distance from the center, etc.)

   e. the family's ethnic group

3. Which of the following statements about the transdisciplinary process is/are true?

   a. With its great emphasis on parental involvement, the home call format of assessment is the most clearly transdisciplinary

   b. An integrated therapy model is important to a transdisciplinary team.

   c. In a transdisciplinary model, each professional plans and delivers services separately, but the whole team meets at least weekly to discuss what they are doing and how children are progressing.

4. Which of the following statements about Arena assessments is/are true?

   a. The facilitator is the person who sets up tasks which will demonstrate the child's skills and skill deficits.

   b. In an arena each of the professionals take turns assessing a certain area of the child's development (i.e., the O.T. assess fine motor) of the child in the presence of the rest of the team members.

   c. It is better to assess the child without the parent being there but care is taken by the team to explain to the parent the information gained from the assessment.

   d. While the assessment is progressing, each team member observes and records the behavior she sees whether or not it falls within the bounds of her specific discipline.

5. Which of the following are standardized developmental assessment tools?

   a. S.E.E.D.
   b. Callier-Azusa
   c. L.A.P.
   d. Brigance
   e. Bayley

6. Which of the following statement(s) about the transdisciplinary service delivery model is/are true?

   a. Transdisciplinary and interdisciplinary teams are essentially the same except that transdisciplinary teams assess together.

   b. Although most of the program is provided to the child by the primary service provider, therapists must provide some hands-on therapy because of legal mandates.

   c. One person on the team serves as the person primarily accountable for the services received by the child and family.

   d. Role release means a team member, such as the occupational therapist, turns her role over to another member of the team and is no longer responsible for that area of the child's program.

7. Which of the following statement(s) about an integrated method of delivering therapy is/are true?

   a. It allows a therapist to include larger numbers of children with very diverse needs in the same group.

   b. It allows the teaching of skills in a functional environment.

   c. It fosters a more holistic view of the child.

   d. Providing feedback during the program to other staff is more difficult in an integrated model, as compared to an isolated model, but the benefits to the children outweigh this factor.

8. Which of the following statements represent advantages of the arena method of assessment from a parent's point of view?

   a. It cuts down on multiple professionals or specialists asking the parent the same questions.

   b. It allows the parent to feel like a part of the team and less an outsider.

   c. It takes the burden off the family by communicating that the team will decide the child's objectives together and not ask the family to have to decide what the child needs.

   d. It provides immediate feedback about the child's skill levels and areas of strength and concern to the family.

   e. It allows staff to become more familiar with the concerns of the family for the child from the beginning.

9. When adopting the transdisciplinary model, which of the following should occur in most teams.

   a. Primary service providers on a transdisciplinary team are selected primarily by matching disciplinary expertise of individual staff members to children's handicaps (e.g., P.T. is assigned the physically handicapped).

   b. Staff members broaden the knowledge base each has in his or her own discipline.

   c. Each person on the team instructs others on the team in the skills of his or her own discipline so that other team members can integrate this knowledge into programming for each child.

   d. There is a close, continual supervision of each team member by the others.

10. Most parents who have a child with a handicap are thought to undergo a grieving process which is manifested in their behavior toward their child, spouse, family and workers. Match the emotional stage with the resultant behavior by drawing arrows between corresponding items:

Emotion	Behavior
- Sorrow and loss	- the parent appears to cooperate with the worker but fails to carry out child's program
- Anger	- the parent's inability to make decisions about the care of the child
- Denial	- blunted affect
- Feelings of inadequacy and loss of self-esteem	- "shopping around" for services

11. When evolving a transdisciplinary approach, a team and its members go through a number of stages. Match each of the stages listed below with it's appropriate description.

Role Extension	applying new skills under direct supervision of another team member
Role Release	authorization to perform interventions from other disciplines
Role Expansion	each member establishes depth within his/her own discipline
Role Support	Conscious pooling of ideas, skills and information across disciplines
Role Exchange	2 team members work together in the case of interventions which are new, complex or legally mandated
Role Enrichment	awareness of knowledge outside own area of expertise

12. Which of the following are actually advantages of adopting a transdisciplinary approach.

a. It is more cost effective because it allows a minimum number of people to serve a large number of children and their families.

b. It requires less indirect service time because each team member only needs to be involved in planning for the children for whom they are primary service provider

c. It allows greater opportunities for professional growth, as each team member is obligated to not only keep up with their own field, but learn from others on the team as well

d. Lines of communication between team members and the families are consistent and clearly defined.

13. When writing a report following the assessment, which of the statements below can be used as a guideline?

a. Each staff person must write the portion of the assessment summary which pertains to his/her discipline.

b. It is best to leave out mention of developmental ages, as it may be distressing to the parent to confront this information.

c. It is best to leave out information about the child gained by questioning the parent unless you can observe the behavior yourself.

d. It is a good idea to mention the name of the test(s) around which you have structured your assessment and evaluation of the child's strengths and concerns.

14. In early intervention programs where many team members must share information about the child & family, the professional ethics of confidentially do not apply. True_____ False_____

15. On a transdisciplinary team parents are seen as another discipline on the team. True_____ False_____

16. A home visitor can help parents effectively cope with a recent diagnosis of their child's handicap by assuring them of her competence as a developmental therapist and encouraging them not to worry and to leave the child's developmental program in her hands. True_____ False_____

17. In interviewing families it is recommended that the worker asks primarily yes/no questions as these lend themselves most directly to identifying specific objectives and goal areas. True_____ False_____

18. The parent should not be told that the worker is using the Parent Involvement Manual to assess and determine family needs because the parents would be too threatened. True_____ False_____

19. The statements below represent descriptions of types of reliability or validity. Indicate whether each pertains to reliability or validity by drawing a line to the word that each helps to define.

a. The child will score similarly if given a different test.

b. If two people give the test to the same child, they will both get the same results — RELIABILITY

c. The test predicts how the child will perform over time (in 1 yr. 3 yrs., 5 yrs., etc.) — VALIDITY

d. The test gives an accurate picture of what the child can do.

20. Which of the following statements about transdisciplinary are false?

a. On a transdisciplinary team parents are seen as their child's primary educator.

b. To be transdisciplinary you need a center based component to your program.

c. Planning for the child is done by the parent and primary service provider. The rest of the team monitors the program on a semi-annual review basis.

APPENDIX C

Intent Plans

TRANSDISCIPLINARY

SERVICE DELIVERY MODEL

EVALUATION

INTENT PLAN

NAME _____

AGENCY _____

ADDRESS _____

TELEPHONE _____

POSITION _____

Project Optimus/Outreach
Funded by the Bureau of Education
for the Handicapped

c/o South Shore Mental Health
Center, 77 Parkingway
Quincy, Massachusetts 02169
617-471-0350

INTENT PLAN

Using the Transdisciplinary Service Delivery Model

ARENA METHOD OF ASSESSMENT

1. Do you plan to use the Arena method for child assessment? _____ yes _____ no

1a. If yes, 100%, 80% 60%, 40%, 20%, of the time (circle one).

2. Will parents be involved in the arena, sharing their perceptions and observations of the child's behavior at home and at the arena? _____ yes _____ no

DIAGNOSIS

3a. If you use the Arena method will you and the other team members share observations and conclusions across all domains (i.e. gross and fine motor, expressive and receptive language, social/emotional, cognitive, etc.)? _____ yes _____ no

3b. If no, will each team member report only on the domain related to his/her discipline? _____ yes _____ no

4a. If you are going to use the Arena method will you use a consensus (majority opinion) for establishing a child's strengths and areas of concern in each of the domains? _____ yes _____ no

4b. How will the child's strengths and area of concern be established?

By professional judgement_____
By developmental scales_____
By outside diagnostician_____
By other means_____

5. Will you have parents involved in the statement of the child's strengths and areas of concern? _____ yes _____ no

PLANNING AND EVALUATION

6a. Will all team members (including parents) be involved in setting and prioritizing the child's program goals in all the domains?

_____ yes _____ no

6b. If no, what is your plan for establishing program goals?

_____

_____

_____

_____

7a. Will all team members be involved in determining the amount of individual therapy a child will receive?

_____ yes _____ no

7b. If not, who will determine the number of individual teaching and therapy sessions per week?_____
and the kinds of activities that will be addressed during those sessions_____

8. Do you intend to have regular total team meetings about each child's progress?

_____ yes _____ no

PRIMARY SERVICE PROVIDER

9. Does the team intend to assign one team member as the primary service provider to provide direct services for the child and her/his family in the home and center?

_____ yes _____ no

10. If no, what is your plan for providing direct services?

_____

_____

_____

_____

_____

_____

11a. Do you intend to have the primary service provider report to the team about the child and family? _____ yes _____ no

11b. If yes, how often? (Mark only one - average amount per child.)

Twice a week_____
Once a week_____
Twice a month_____
Once a month_____
Once every 3 months_____
Once every 6 months_____
Once a year _____

11c. If no, how will a child's progress be reported to the team?

_____

_____

_____

12a. Do you intend to have regular team meetings to decide what teaching activities the primary service providers will use with the child? _____ yes _____ no

12b. If no, how is the team's decision for child activities communicated to the primary service provider(s).

_____

_____

_____

_____

_____

13a. In your center program, do you intend to have team members working side by side. _____ yes _____ no

13b. If no, what is your alternative plan (mark only one)?

1. working alone with the child in another room_____
2. working in the same room with the team but only working within one's own discipline _____
3. working in the same room but rotating staff to meet the needs of children within each discipline_____
4. Other:_____

14. Will the program provide the opportunity for the parent to implement the child's program in both the center and at home?

_____ yes _____ no

TEAM BUILDING

15a. Do you believe it is appropriate for all team members to correct and support one anothers' methods of service delivery to the child and family? _____ yes _____ no

15b. If yes, mark the process you will be using to establish this method of communication between team members: (mark any or all)

1. Team members will work together in intervention program on a scheduled basis and teach and model techniques for one another _____
2. The team will bring in a consultant to work on child skills and intervention techniques _____
3. In regular team meetings team members will discuss their observations of other team members' work with children _____
4. In team meetings, video tapes of team members' work with a child will be shown and feedback will be given _____
5. In team meetings, micro teaching will be used to improve intervention techniques _____
6. In team meetings, a schedule will be established for team members to provide in-service workshops for one another _____
7. Other: _____

_____

_____

_____

_____

_____

16. Will the parent be treated as an equal team member who helps develop, implement and evaluate the child's program?

_____ yes _____ no

TRANSDISCIPLINARY

SERVICE DELIVERY MODEL

EVALUATION

FOLLOW-UP OF TRANSDISCIPLINARY INTENT PLAN

NAME_____

AGENCY_____

ADDRESS_____

TELEPHONE_____

POSITION_____

Project Optimus/Outreach
Funded by the Bureau of
Education for the Handicapped

c/o South Shore Mental Health Center
77 Parkingway, Quincy, MA 02169
617-471-0350

INTENT PLAN

Using the Transdisciplinary

Service Delivery Model

ARENA METHOD OF ASSESSMENT

1. Do you use the Arena method for child assessment? Yes_____ No_____

1a. If Yes, 100% 80% 60% 40% 20% of the time? (circle one)

2. Are parents involved in the arena sharing their perceptions and observations of the child's behavior at home and at the arena?
_____ yes _____ no

DIAGNOSIS

3a. If you use the Arena method do you and the other team members share observations and conclusions across all domains (i.e., gross and fine motor, expressive and receptive language, social/emotional, cognitive, etc.)? Yes_____ No_____

3b. If No, does each team member report only on the domain related to his/her discipline? Yes_____ No_____

4a. If you use the Arena method do you use a consensus (majority opinion) for establishing a child's strengths and areas of concern in each of the domains?
Yes_____ No_____

4b. How are the child's strengths and areasof concern established?

By professional judgment_____
By developmental scales_____
By outside diagnostician_____
By other means_____

5. Are parents involved in the statement of the child's strengths and areas of concern?
_____ yes _____ no

PLANNING

6a. Are all team members (including parents) involved in setting and prioritizing the child's program goals in all the domains

_____ yes _____ no

6b. If No, how are program goals established?

_____

_____

_____

_____

_____

_____

_____

7a. Are all team members involved in determining the amount of individual therapy a child will receive? Yes_____ No_____

7b. If not, who determines the number of individual teaching and therapy sessions per week? _____

8. Do you have regular total team meetings about each child's progress? _____ yes _____ no

PRIMARY SERVICE PROVIDER

9. Does the team assign one team member as the primary care provider to provide direct services for the child and her/his family? Yes_____ No_____

10. If No, how are direct services provided?

_____

_____

_____

11a. Do you have the primary service provider report to the team about the child and family? _____ yes _____ no

11b. If Yes, how often?(Mark only one - average amount per child)

Twice a week_____
Once a week_____
Twice a month_____
Once a month_____
Once every 3 months_____
Once every 6 months_____
Once a year _____

11c. If No, how is child's progress reported to the team?

_____

_____

_____

_____

12a. Do you have regular team meetings to decide what teaching activities the primary service provider will use with the child? Yes_____ No _____

12b. If No, how are the team's decisions for child activities communicated to the primary service provider(s).

_____

_____

_____

_____

13a. In your center program, do you have all team members working side by side?

_____ yes _____ no

13b. If No, what is your alternative method (Mark only one)?

1. _____ working alone with the child in another room
2. _____ working in the same room with the team but only within one's own discipline
3. _____ working in the same room but rotating to meet the needs of children within each discipline
4. _____ Other:_____

14. Does the program provide the opportunity for the parent to implement the child's program in both the center and at home?

_____ yes _____ no

TEAM BUILDING

15a. Do you believe it is appropriate for all team members to correct and support one anothers' methods of service delivery to the child and family? _____ yes _____ no

15b. If Yes, mark the process you use to establish this method of communication between team members: (mark any or all)

1. _____ team members work together in intervention program on a scheduled basis and teach and model techniques for one another.

2. _____ the team brings in a consultant to work on child skills and intervention techniques.

3. _____ in regular team meetings team members discuss their observations of other team members' work with children.

4. _____ in team meetings, video tapes of team members' work with a child are shown and feedback is given.

5. _____ in team meetings, micro teaching is used to improve intervention techniques.

6. _____ in team meetings, a schedule is established for team members to provide in-service workshops for one another.

7. _____ Other: _____

_____

_____

16. Is the parent treated as an equal team member who helps develop, implement and evaluate the child's program? _____ yes _____ no